

02-15-02 A

DOCKET NO.: 19603/4071 (CRF-D-2598A)
EXPRESS MAIL NO.: EG741023345US



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT APPLICATION TRANSMITTAL FORM
(only for new nonprovisional applications under 37 CFR 1.53(b))



ASSISTANT COMMISSIONER FOR PATENTS

Washington, D.C. 20231

BOX: PATENT APPLICATION

SIR:

Transmitted herewith for filing is the patent application (including Specification, Claims, Sequence Listing (if applicable) and Abstract, 50 pages) of:

Inventor(s): **Vivian E. Mack-Strong, Philip P. Stapleton, and John M. Daly**

For : **USE OF COX-2 INHIBITORS TO TREAT SEPSIS, COMPLICATIONS THEREOF, AND EP RECEPTOR MODULATION**

***If a CONTINUING APPLICATION, please mark where appropriate and supply the requisite information below and in a preliminary amendment:*

Continuation Divisional Continuation-In-Part (CIP) of prior application Serial No. _____

Prior application information: Examiner :
Art Unit :

Enclosed are:

- 24 sheets of informal drawings.
- Signed Combined Declaration and Power of Attorney (____ pages).
- Copy of signed Combined Declaration and Power of Attorney (____ pages) from a prior application (1.63(d)) (for continuation/divisional).
- Signed statement deleting inventor(s) named in prior application (____ pages) (1.63(d)(2) and 1.33(b)).
- Incorporation By Reference:** The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied herewith, is considered as being part of the disclosure of the enclosed application and is hereby incorporated by reference therein.
- Assignment (____ pages) of the invention to _____.
- Assignment Transmittal Letter.
- Certified copy of a foreign priority document.
- Associate power of attorney.
- Applicant claims small entity status. (See 37 CFR 1.27.)

Preliminary Amendment (____ pages).

Information Disclosure Statement, form PTO-1449 (____ pages) and ____ references.

UNSIGNED Combined Declaration and Power of Attorney (2 pages).

Statement in Accordance with 37 CFR § 1.821(f) and computer readable 3.5" Diskette.

A self-addressed, prepaid postcard acknowledging receipt.

Other:

The Filing fee has been calculated as shown below:

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FOR:	NO. FILED	NO. EXTRA	OR RATE	OR RATE	OR FEE
BASIC FEE	XXXXXXX	XXXXXXX	XXXX	XXXX	\$355
TOTAL CLAIMS	24 - 20 =	4	x 9 =	x 18 =	\$
INDEP CLAIMS	5 - 3 =	2	x 40 =	X80 =	\$
[X] MULTIPLE DEPENDENT CLAIM PRESENTED			x135 =	x270 =	\$
			TOTAL	TOTAL	\$
*If the Total Claims are less than 20 and Indep. Claims are less than 3, enter "0" in Col. 2					

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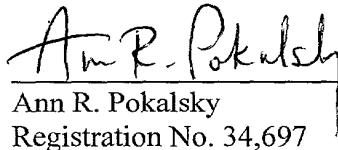
A check in the amount of **\$606.00** to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 14-1138. **A duplicate copy of this sheet is enclosed.**

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